



**Committee on
Homeland Security Democrats**
Bennie G. Thompson, Ranking Member

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**Opening Statement of Ranking Member Bennie G. Thompson
Before the Subcommittee on Management Integration & Oversight**
The Department of Homeland Security Second-Stage Review:
The Role of the Chief Medical Officer

“As part of Secretary Chertoff’s Second Stage Review, he created the position of Chief Medical Officer within the Department of Homeland Security. Upon announcing the creation of the CMO, Secretary Chertoff issued a press release stating that the new CMO position was being created and gave a sentence on the “general” responsibilities of the position. I’m still waiting for the details. This is becoming a common theme for the Department – a press release with little details followed by long waiting periods. Despite this lack of detail, our job today is to figure out whether the CMO is going to have the responsibility and authority to effectively do his job.

“At present, the CMO has an operating budget of \$2 million and the authority to staff 10 full time positions. That’s a pretty small staff, roughly the size of the personal office staff of each member here today. A staff of that size can really only function as a policy shop. I am interested to know whether you view your role as one of policy, or of operations. I know that you are familiar with the work of our second witness, Dr. Lowell, from his time as the Senior Advisor to then-Secretary Ridge on issues of Medical Readiness. You have commented in news articles that you believed that, quote, “most people in the medical community who are concerned about readiness, preparedness, disaster medicine and so forth felt pretty much the same way.” I ask that you elaborate on this further and how Dr. Lowell’s ideas might differ from your own.

“For example, Dr. Lowell envisions a very robust operational capability, and has recommended that the National Disaster Medical System be upgraded to a National Guard-type model, to include a full-time professional corps. This would necessitate a very large expansion of your office from the present size. I’m sure all the members of this subcommittee are interested to know if you intend to grow this office into one that has operational capabilities. There are 55 Disaster Medical Assistance Teams in the United States, and another 54 specialty medical response teams. They are composed of highly motivated volunteers. But they need effective leadership to fully harness their potential. From testimony they gave this Committee last week – they don’t have that leadership. I want to know how you are going to correct this gap.

“One last note – it has come to my attention that the Department would not allow pertinent documents relating to the CMO and the Department’s proposed responsibility to be shared with the public today at this hearing, even though the items in question are on the web on various websites. I looked over this material and couldn’t figure out why the Department refused to remove the “FOUO – For Official Use Only” designation. As I’ve noted in the past, I’m concerned that the Department and this Administration are not as forthright as they should be with the American public on their activities. As a government “by the people, for the people, of the people” – I would hope there would be more transparency. As you might expect, many of us feel that your position is, or at least can be, a very important one. We want to ensure that you have what you need to be effective and to provide our citizens with the necessary protection of effective medical response in times of emergency.”

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